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**AGO ltr 29 Apr 1980**

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AD 835475



DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D.C. 20310

IN REPLY REFER TO

AGAM-P (M) (27 May 68) FOR OT RD 681293

29 May 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 3d  
Surgical Hospital (Mobile Army), Period Ending 31 January 1968 (U)

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DA, OP 9-1 SFOR  
FOR OT RD WASH. D.C. 20310

1. Subject report is forwarded for review and evaluation in accordance with paragraph 5b, AR 525-15. Evaluations and corrective actions should be reported to ACSFOR OT RD, Operational Reports Branch, within 90 days of receipt of covering letter.
2. Information contained in this report is provided to insure appropriate benefits in the future from lessons learned during current operations and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

*Kenneth G. Wickham*

KENNETH G. WICKHAM  
Major General, USA  
The Adjutant General

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3d Surgical Hospital

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DEPARTMENT OF THE ARMY  
HEADQUARTERS 3D SURGICAL HOSPITAL (MOBILE ARMY)  
APO 96372

AM J GC-SA

5 February 1968

SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 January 1968 (MCS CSFOR-65)

FROM: Commanding Officer  
47th Medical Group  
NAME: AVB: COO  
APO 96372

TO: Secretary, Chief of Staff for Force Development  
Department of the Army  
Washington, D.C. 20310

The OPERATIONAL REPORT-LESSONS LEARNED of this headquarters  
for the quarterly period ending 31 January 1968 is forwarded in  
accordance with Army Regulation 1-19 and 44th Medical Brigade  
Regulation 870-5.

Tracy E. Steevey, Jr.  
TRACY E. STEEVEY, JR.  
LTC, MC  
Commanding

FOR OFFICER  
601293

AIR FORCE

5 February 1969

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending  
31 January 1968 (RCS CSFOR-65) (3d Surgical Hospital)

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### SIGNIFICANT ORGANIZATIONAL ACTIVITIES

#### A. Command

During the period of this report, this medical facility accomplished its mission of operating a 60 bed hospital at Dong Tam Base, RVN. Lieutenant Colonel Tracy E. Strevey Jr. commanded the facility for the entire report period.

#### B. Unit Assignments and Attachments

The 3d Surgical Hospital (MA) remained assigned to the 67th Medical Group, 44th Medical Brigade. The 346th Medical Detachment (MA) at Can Tho remained attached to the 3d Surgical Hospital for administrative control.

#### C. Personnel, Morale, and Discipline.

(1) Personnel turnover during the reporting period was 13 officer losses and 16 officer gains. Currently this unit is authorized thirty-three officers and eighty-six enlisted men, with 33 officers and 99 enlisted men assigned.

(2) During this period the following changes of key personnel occurred:

- (a) MAJ Harry F. Heldmyer replaced MAJ John W. Young Jr. as Executive Officer.
- (b) MAJ Margaret E. Canfield replaced MAJ Richard J. Kamenetzky as Chief Nurse.
- (c) MAJ David H. Harshaw replaced MAJ Kenneth A. Cass as Chief of Surgery.
- (d) MAJ John B. Leary replaced CPT Eugene W. Till as Chief of Radiology
- (e) CPT Francis Ivanhoe, MC was transferred to 9th Med Bn.
- (f) 1LT Louis J. Raubenheimer, MSC was transferred to the 159th Air Ambulance.

(3) During the past quarter, six article 15's and 0 court martials were processed within the unit.

#### D. Professional Services

(1) During the past quarter our facility saw 795 patients of which 561 were injured as a result of hostile action. Dispositions during the reporting period were as follows: 642 transferred, 126 returned to duty and 12 were hospital deaths.

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31 January 1968 (RCS CSFOR-65) (3d Surgical Hospital)

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(2) Since the last report the professional staff has been enlarged so that during the greater part of this reporting period we have had 6 fully trained surgeons, including the commanding officer.

#### E. Medical Civic Action Activities

(1) A dispensary has been constructed on Dong Tam Base by the 2nd Brigade of the 9th Infantry Division and is staffed in cooperation with the 3d Surgical Hospital's medical personnel. This dispensary provides routine, follow-up medical care, x-ray and laboratory support for diagnostic problems among the local Viet Namee civilian population as a MEDCAP project.

(2) A cooperative program has been established between this hospital and the Dinh Tuong provincial hospital in My Tho. This program established and operated a large in-patient tuberculosis treatment facility and an out-patient chest disease clinic. In addition, medical consultation on in-patient medical, pediatric and surgical services were provided and a lecture series to the professional staff was instituted. This lecture series concerned various aspects of hospital medical practice.

(3) The 3d Surgical Hospital has also cooperated with the U.S. Naval Support Activity in My Tho in operating an out-patient medical and pediatric clinic.

#### F. Nursing Service

(1) The establishment of the Intensive Care unit has greatly improved the care of severely injured patients. However the number of large pieces of equipment maintained and used in the unit has made it necessary to limit the bed capacity to a maximum of twelve. To compensate for the loss of beds in ICU, ten beds have been established for ambulatory patients in the MUST element also housing the unit chapel.

(2) The utilization of the four operating room nurses and three nurse anesthetists in the pre-operative section on a rotation schedule of one per day each week, has released the general duty nurse thus providing an additional nurse on the intensive care and post-operative ward. Under the supervision of the operating room and anesthesia staff, the non-professional personnel in the pre-operative section have learned improved principles and techniques of asepsis and resuscitation.

#### G. Operations

(1) Sandbag deterioration continues to require the expenditure of an inordinate amount of time and energy. A project is currently in progress to replace all existing sandbags with dirt filled artillery shell and fuse containers. Experience gained by other units on Dong Tam Base

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has proved the artillery shell containers to be far more durable and provide substantially more protection from mortar fragments than sandbags.

(2) The hospital is also engaged in the construction of revetments to reduce the severe erosion problems that occur during the monsoon season. The improvement of drainage within the hospital area will require additional effort to provide necessary dirt fill, grading, and construction of drains to lessen the erosion problem.

#### H. MUST Equipment

(1) The transfer of the unit to MUST has provided truly superior surgical and laboratory facilities. The cleanliness, pleasant working environment and equipment are incomparably superior to any other field equipment.

(2) The inflatable shelters of the 3d Surgical Hospital were originally installed directly on concrete pads. Subsequent heavy rains and settling of supporting pads has produced a situation which did not provide for satisfactory drainage of water. Wooden floorings have been installed between concrete supporting pads and the installed MUST shelter in all shelters but two. Installation of flooring for the remaining two shelters is programmed for the next quarter.

A-1 RCS-SA

5 February

SUBJECT: Operational Report-Lessons Learned for Quarter 3 Period 1  
31 January 1968 (RCS CSFOR-65) (31 Surgical Hospital)

SECTION II PART I  
OBSERVATIONS (LESSONS LEARNED)

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NURSING SERVICE

ITEM: Must lighting in Pre-operative and Post-operative sections.

DISCUSSION: Overhead lighting adequately illuminates only the center of the inflatable units. The sides, which are the patient care centers, are in the shadows or darkest areas.

OBSERVATION: Additional portable lamps are required between every two beds to provide adequate illumination to perform even minor surgical or nursing care procedures.

→ ITEM: Positioning of extremities for amputation or debridements in the O.R. expandable units.

DISCUSSION: One individual is required to support limb during amputation or extensive debridement of an extremity.

OBSERVATION: Distal portion of limb may be wrapped in a towel and suspended from the chain which is attached to the IV fixtures on the ceiling of the O.R. expandable units, thus freeing the technician for other duties.

LOGISTICS

ITEM: Medical Resupply

DISCUSSION: During the recent period of increased enemy activity routine medical resupply could not be accomplished because roads leading to the hospital were closed and "dust off" helicopters were initially limited to urgent medical evacuation missions.

OBSERVATION: When a medical facility is cut off from normal resupply via surface means, some type of airlift capability should be established to enable routine resupply to continue. This would decrease the number of O2 priorities and would release "dust off" helicopters for medical evacuation missions.

ITEM: Storage of Medical Supplies

DISCUSSION: Centralized storage of all like-type medical supplies into one shelf or one area of a warehouse provides better administrative control.

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OBSERVATION: Medical supply stock levels of using activities within a medical facility should be kept at capacity and bulk & loose issue storage of like type items should be stored in separate areas within a warehouse to minimize the loss of capability in the event of warehouse damage as a result of an enemy mortar attack.

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31 January 1968 (RCS CSICR-65) (3d Surgical Hospital)

SECTION II, PART II

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1. It is recommended that additional portable lamps be made available to provide adequate illumination for minor surgery and nursing care procedures in MUST inflatable shelters.
2. It is recommended that medical facilities using MUST expandable operating rooms be advised that positioning of extremities for amputation or debridement may be facilitated by wrapping the distal portion of the limb in a towel and suspending the limb from the chain attached to the ceiling IV fixture.
3. It is recommended that an airlift capability be established to provide an alternate system of routine medical resupply to allow continued operation of medical facilities when surface methods of resupply are interrupted.
4. It is recommended that medical facilities consider the utilization of decentralized storage of like-type medical supply items to minimize loss of capability in the event of warehouse damage by mortar attack.

AVBJ GD-PO (5 Feb 68)

1st Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending  
31 January 1968 (RCS CSFOR-65) (3d Surgical Hospital)

HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491

3 March 1968

THRU: Commanding General, 44th Medical Brigade, ATTN: AVBJ PO, APO 96384

TO: Assistant Chief of Staff for Force Development, Department of the  
Army, Washington, D.C. 20310

1. This headquarters has reviewed the Operational Report-Lessons Learned  
for the period ending 31 January 1968 from Headquarters, 3d Surgical Hospital.

2. Concur in all recommendations, page 6.

*Leonard Maldonado*  
LEONARD MALDONADO  
Colonel, Medical Corps  
Commanding

AVRJ-PO (5 Feb 68) 2d Ind

SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending  
31 January 1968 (RCS CSFOR-65) (3d Surgical Hospital)

HEADQUARTERS, 44th Medical Brigade APO 96384 21 March 1968

TO: Commanding General, United States Army Vietnam, ATTN: AVHGC-DST,  
APO 96375

1. The contents of the basic report and first indorsement have been reviewed.
2. The following comments pertaining to the recommendations in Section II, Part II (page 6) of the basic report are submitted:
  - a. Reference paragraph 1. Non-concur. Current Brigade and USARV directives allow for the request and procurement of medical equipment not available in set assemblies. Requirements must be justified and submitted in accordance with appropriate directives.
  - b. Reference paragraph 2. This recommendation concerns a technical professional matter and should be considered by appropriate consultants to the USARV Surgeon and the Surgeon General.
  - c. Reference paragraph 3. Non-concur. An airlift capability is in existence and is being utilized.
  - d. Reference paragraph 4. Concur.

TEL: LBH 2909/2494

  
GLENN J. COLLINS  
Brigadier General, MC  
Commanding

cc: 3d Surgical Hospital

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AVHGC-DST (5 Feb 68) 3d Ind

CPT Arnold/twl/LBN 4485

13  
SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 January 1968 (RCS CSFOR-65)

HEADQUARTERS, US ARMY VIETNAM, APO San Francisco 96375

5 APR 1968

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOP-DT,  
APO 96558

1. This headquarters has reviewed the Operational Report-Lessons Learned for the quarterly period ending 31 January 1968 from Headquarters, 3d Surgical Hospital (Mobile Army) as indorsed.

2. Pertinent comment follows: Reference item concerning positioning of extremities for amputation or debridement in the O. R. expandable units, page ~~4~~; page ~~6~~, paragraph 2; and 2d Indorsement, paragraph 2b: Concur. Use of this suggestion will free the assistant's hands to aid in the surgical procedure. Other MUST units will be informed of this procedure by the Surgical Consultant.

3. A copy of this indorsement will be furnished to the reporting unit through channels.

FOR THE COMMANDER:



CHARLES A. BYRD  
Major, AGC  
Assistant Adjutant General

Copies furnished:  
HQ 3d Surg Hosp  
HQ 44th Med Bde

GPOP-DT (5 Feb 68) 4th Ind

SUBJECT: Operational Report of HQ, 3d Surg Hosp (MA) for Period  
Ending 31 January 1968, RCS CSFOR-65 (R1)

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HQ, US Army, Pacific, APO San Francisco 96558 6 MAY 1968

TO: Assistant Chief of Staff for Force Development, Department of the  
Army, Washington, D. C. 20310

This headquarters has evaluated subject report and forwarding indorsements and concurs in the report as indorsed.

FOR THE COMMANDER IN CHIEF:

*©Chase*

C.L. SHORTT  
CPT, AGC  
Asst AG

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